

**CLEAN HARBORS GRASSY MOUNTAIN, LLC**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Annual**  
FORM: **RA02**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM    PAGE \_\_ OF \_\_

**SITE MONITORING WELLS**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
MONITORING WELLS:	Check for proper operation of pumps.				
	Check for insect infestation of casing.				

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED:                      (   ) YES                      (   ) NO

REMEDIAL WORK ORDER ISSUED:    (   ) YES    WORK ORDER # \_\_\_\_\_    (   ) NO